

# HANDWRITTEN CHECK REQUEST FORM

Send To: **OFO/USSDS Coordinator 195 North 1950 West Salt Lake City, Utah 84116**

- NEW Billing Form** (including required signatures) **is required for all Handwritten Check Requests. COPIES OF PREVIOUS BILLING FORMS WILL NOT ACCEPTED.**  
*NOTE: Special Needs items (equip., supplies, etc.) attach bids or sole source letter, per State purchasing policy.*
- Attach Memo on Region Letterhead from caseworker** explaining why payment was not processed through USSDS prior to year-end cut off; attach additional documentation if needed.
- Special note for stale dated checks:** Attach provider-signed letter explaining why check was not cashed timely
- Attach Payment History screen print** (PP07) FOR EACH CLIENT for service codes & dates listed on billing form.

Complete all areas, for each line below:

Client Name	ID Number	E L G	WK#	Service Dates (DDMMYY) start date-end date	Service Code	Units	Ki nd	Rate	AMOUNT

**Contract #** (if applicable to payments):

**TOTAL**

**FINET CODING** (needed for each service code/elig/amount- attach separate sheets, if necessary, provide all codes used by your Division):

APPR    UNIT    OBJECT    ACTIVITY    FUNCTION    PROGRAM    PHASE    AMOUNT

<b>PROVIDER INFORMATION: Complete all areas</b>		<b>Region/District Information</b>
<b>Provider Name</b>	<b>Provider ID#</b>	<b>Requested by (Name of Payment Technician)</b>
		<b>Date</b>
<b>Mailing Address (verify address)</b>		<b>District Code/Region/ Telephone #</b>
		/ (    )
<b>City, State, Zip Code</b>		<b>Signature of Payment Entry Technician</b>

**(Before sending to USSDS Help Desk the following Signatures are Required)**

Case Worker: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Region Financial Mgr: \_\_\_\_\_

Date: \_\_\_\_\_

Regional Director: \_\_\_\_\_

Date: \_\_\_\_\_

Division Chief Financial Budget Officer: \_\_\_\_\_

Date: \_\_\_\_\_

(Sept. thru Dec. a signed fax or attached email is acceptable for Chief Financial Budget Officer approval)

**\*\*Division Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*Required for all HCR requests submitted after the Dec. cut-off date**

## DHS/FINANCE OFFICE USE ONLY

Reviewed and cleared for payment

USSDS Help Desk

Date: \_\_\_\_\_

☐ Approved

☐ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Manager Bureau of Finance

Check # \_\_\_\_\_ Date: \_\_\_\_\_

Revised: December 22, 2009